REQUEST FOR TERMINATION OF SERVICE

Account #: _____

Customer Name(s): _____

Service address: _____

Telephone number: _____

Requested date of disconnect: _____

Reason for disconnect: _____ Moving from service address _____ Seasonal

_____Transfer to another location within service area _____Using alternate water supply

If moving, please provide new mailing address:

_____

If this is a rental property, please provide the landlord's name and address:

_____

It is the undersigned's responsibility to ensure that all water lines are drained and/or no service line is still on within the structure after services have been terminated.

Signature: _____

Date: _____

CHESTNUT RIDGE PSD USAGE ONLY:

Termination Date/Time: _____ Initials: _____

Meter #: _____ Final Meter Reading: _____